

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 594876

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

1	/				
2					
3	2				
4	2				
5	2				
6	1				
7	1				
8	1				
9	1				
10	1				
11	1				
12	1				
13	1				
14	1				
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TOTAL IND.	3	↓	2	↓	↓
TOTAL DEP.	21	←	18	←	←
TOTAL CLAIMS	24		20		

	AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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